

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092515

FILED
Mar 19, 2007
Secretary of State

Entity Name: IRVEN CHIROPRACTIC HEALTH CENTER, INC.

Current Principal Place of Business:

9030 W FORT ISLAND TR
STE 2
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

9030 W FORT ISLAND TR
STE 2
CRYSTAL RIVER, FL 34429 US

New Mailing Address:

FEI Number: 65-0632684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRVEN, CARL E
9030 W FORT ISLAND TR
STE 2
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: IRVEN, CARL E
Address: 9030 W FORT ISLAND TR, STE 2
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DR. () Delete
Name: IRVEN, NANCY I
Address: 9030 W FORT ISLAND TR, STE 2
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL E IRVEN

PRES

03/19/2007

Electronic Signature of Signing Officer or Director

_____ Date